

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	31 30
OMB AP	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated average b	urden
hours per respons	se16.00
SEC US	E ONLY
Prefix	Serial
DATE RI	ECEIVED

Name of Offering (check if this is an amendment	and name has changed,	and indicate change.)				
Series B-1 Preferred Stock and the Common Stock issuable upon conversion thereof						
Filing Under (Check box(es) that apply): Rule 5	04 🔲 Rule 505	□ Rule 506	Section 4(6)	ULOE		
Type of Filing: ☐ New Filing ☐ Amend	ment					
	A. BASIC IDENTIFI	CATION DATA				
1. Enter the information requested about the issuer.						
Name of Issuer (check if this is an amendment an SoftCoin, Inc.	d name has changed, and	l indicate change.)				
Address of Executive Offices 2000 Sierra Point Parkway, Suite 801, Brisbane, C	(Number and Street, Ci	ty, State, Zip Code)	Telephone Number 650/624-3800	er (Including Area Code)		
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, Ci	ty, State, Zip Code)	Telephone Numb	er (Including Area Code)		
Brief Description of Business Development of web-powered marketing programs.				14 N 2 1 2004		
Type of Business Organization						
□ corporation □ limited p	artnership, already forme	ed 🔲 other	(please specify):			
☐ business trust ☐ limited p	artnership, to be formed			AACTCCEN		
		Service Abbreviation	for State:	JAN 22 2004		
GENERAL INSTRUCTIONS				FINANCIAL		

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Mar

\mathbf{A}_{\cdot}	BASIC IDENTIFIC	CATION DATA	And the second s	***
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been or Each beneficial owner having the power to vote or di Each executive officer and director of corporate issuer Each general and managing partner of partnership is: 	spose, or direct the vote ers and of corporate gene	or disposition of, 10% or me	_	- T
		Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				Managing 1 artis
Robert Drescher	State 7:- Code			
Business or Residence Address (Number and Street, City 2000 Sierra Point Parkway, Suite 801, Brisbane, CA 9	•			
Check Box(es) that Apply: Promoter Ber	eficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Ben Prusky				
	State Zin Code)			
Business or Residence Address (Number and Street, City	•			
2000 Sierra Point Parkway, Suite 801, Brisbane, CA 9		7 0.00	[7] D: .	
Check Box(es) that Apply: Promoter Be	neficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Laura Brege				
Business or Residence Address (Number and Street, City	, State, Zip Code)			
180 Lytton Avenue, Palo Alto, CA 94301				
Check Box(es) that Apply: Promoter Ber	neficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
David Sze				
Business or Residence Address (Number and Street, City 2929 Campus Drive, San Mateo, CA 94403	, State, Zip Code)			
	neficial Owner	Executive Officer	Director	General and/or
	leneral Gwhei		Director	Managing Partner
Full Name (Last name first, if individual) Will Porteous				
Business or Residence Address (Number and Street, City	, State, Zip Code)			
126 East 56th Street, New York, NY 10022				
Check Box(es) that Apply: Promoter Ber	eficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Steve Goodroe				
Business or Residence Address (Number and Street, City	, State, Zip Code)			·····
6 Grandin Lane, Cincinatti, OH 45208				
Check Box(es) that Apply: ☐ Promoter ☐ Be	neficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Greylock XI Limited Partnership and affiliated entiit	es			
Business or Residence Address (Number and Street, City				
880 Winter Street, Waltham, MA 02451				
	eficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Red Rock Ventures II, L.P. and affiliated entities				
Business or Residence Address (Number and Street, City	, State, Zip Code)			
180 Lytton Avenue, Palo Alto, CA 94301	-			

Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first, if inc	Full Name (Last name first, if individual)								
Nokia Ventures									
Business or Residence Address ((Number and Str	eet, City, State, Zip Code)							
545 Middlefield Road, Menlo F	Park, CA 94025								
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first, if inc	Full Name (Last name first, if individual)								
RRE Ventures II, L.P. and affi	iliated entities								
Business or Residence Address (Number and Street, City, State, Zip Code)									
126 East 56 th Street, New York, NY 10022									
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first, if inc	idividual)								
Angel Investors, L.P. and affiliated entities									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o 650 Page Mill Road, Palo Alto, CA 94304									
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)									

					B. II	NFORMAT	TION ABO	UT OFFE	RING			٠.	
1	TTo a 4h o	:		. : : - 4 -					- ffi 0			Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								\boxtimes					
2.	What is	the minimu	um investm	ent that wil	l be accept	ed from any	individual	?				\$	N/A
3.	Does the	e offering p	ermit joint	ownership	of a single	unit?						Yes ⊠	No □
4.	Enter th	e informat	ion request	ed for each	person w	ho has beer	n or will be	e paid or g	iven, direct	ly or indire	ectly, any	_	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or													
with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full			irst, if indiv		•		·			•			
Busi	iness or F	Residence A	Address (Nu	imber and S	Street, City	, State, Zip	Code)			· · · · · · · · · · · · · · · · · · ·		., .	H
Nam	ne of Ass	ociated Bro	oker or Dea	ler									
State	es in Whi	ich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(0	Check "A	.ll States" o	or check ind	lividuals St	ates)	•••••		•••••	•••••		••••••	🗆 .	All States
I	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Full Name (Last name first, if individual)												
Busi	iness or F	Residence A	Address (Nu	imber and S	Street, City	, State, Zip	Code)						
Nan	ne of Ass	ociated Bro	oker or Dea	ler									
State	es in Whi	ich Person	Listed Has	Solicited or	Intends to	Solicit Pure	chasers						
(0	Check "A	Il States" o	or check inc	lividuals St	ates)			•••••				🗆 .	All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
ļ	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (L	ast name f	irst, if indiv	idual)									
Bus	iness or F	Residence A	Address (Nu	ımber and S	Street, City	, State, Zip	Code)						
Nan	ne of Ass	ociated Bro	oker or Dea	ler									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individuals States)							🗆 /	All States					
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CEEDS	and the second stage.
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	\$ 2,999,999.81	\$ 2,999,999.81
	☐ Common ☐ Preferred	\$	\$
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$ 2,999,999.81	\$ 2,999,999.81
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines Enter "0" if answer is "none" or "zero."	•	Aggregate Dollar Amount
	Accredited Investors	Investors	of Purchase \$ 2,999,999.81
	Non-accredited Investors		\$ 2,999,999.81
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		Ψ
	Allswer also in Appendix, Column 4, it tilling under CEOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		Dellandana
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	2 2 2 2 2 2 2 2	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$ 40,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	[⊠]	\$ 2 050 000 81

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	COCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 at total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted groproceeds to the issuer."	SS	\$ 2,959,999.81
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for ear of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the be to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to t issuer set forth in response to Part C — Question 4.b above.	ox	
		Payments to Officers, Directors & Affiliates	Payments to Others
	Salaries and fees	\$	\$
	Purchase of real estate	\$	\$
	Purchase, rental or leasing and installation of machinery and equipment	\$	\$
	Construction or leasing of plant buildings and facilities	\$	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be use	ed	
	in exchange for the assets or securities of another issuer pursuant to a merger)	\$	\$
	Repayment of indebtedness	\$	
	Working capital	\$	∑ \$ 2,959,999.81
	Other (specify):	\$	\$
	Column Totals	\$	∑ \$ 2,959,999.81
	Total Payments Listed (column totals added)	⊠ \$ 2,9	59,999.8 <u>1</u>

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
SoftCoin, Inc.	Italia // /rest	January 2; 2004
Name of Signer (Print or Type)	Title or Signer (Print or Type)	
Robert Drescher	Chief Executive Officer	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)